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ATTORNEYS AT LAW

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Date:	January 3, 2007	Phone Number	Fax Number
To:	PTC 3740/Art Unit 3743 U.S. Patent and Trademark Office	(571) 272-3700	(571) 273-8300
From:	C. Douglas McDonald, Jr.	813.229.4234	813.229.4133

Client/Matter No.: 48771/24135

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Total Number of Pages Being Transmitted, Including Cover Sheet: 8

**Message:**

RE: Application Serial No. 10/711,868  
STATUS REQUEST

Original to follow Via Regular Mail  Original will Not be Sent  Original will follow via Overnight Courier

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CARLTON FIELDS, P.A.

Atlanta Miami Orlando St.Petersburg Tallahassee Tampa West Palm Beach

JAN 03 2007

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE: Patent Application Serial No. 10/711,868  
APPLICANT: Laghi, Aldo A.  
TITLE: Mask Seal Interface  
FILING DATE: 10/11/2004  
EXAMINER: (unassigned)  
GROUP ART UNIT: 3743

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STATUS REQUEST

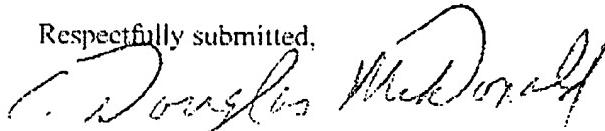
Mail Stop – Status Request  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The subject patent application was filed on October 11, 2004, as shown by the enclosed photocopy of the Filing Receipt.

In view of the long period of time since the filing of that application, Assignee, through its undersigned attorney, respectfully requests to be informed of the status of the application. A duplicate of this letter is enclosed for your convenience.

Respectfully submitted,



C. Douglas McDonald  
Registration No. 26,659  
CARLTON, FIELDS, P.A.  
P.O. Box 3239  
Tampa, FL 33601-3239  
(813) 223-7000  
Attorney for Assignee

Applicant: Laghi, Aldo A.  
Title: Mask Seal Interface  
Examiner: (unassigned)

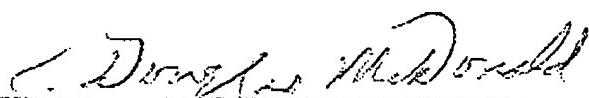
Serial No. 10/711,868  
Filed: 10/11/2004  
Group Art Unit: 3743

Status Request

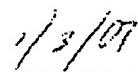
Page No. 2

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

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C. Douglas McDonald, Attorney of Record



Date

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Washington, DC 20591-0000

APPL NO.	FILING OR 371 (C) DATE	ART UNIT	FIL. FEE REC'D	ATTY.DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/711,868	10/11/2004	3743	485	1098.61	10	30	3

CONFIRMATION NO. 5867

21901  
 SMITH & HOPEN PA  
 15950 BAY VISTA DRIVE  
 SUITE 220  
 CLEARWATER, FL 33760

## FILING RECEIPT



\*OC000000015437815\*

Date Mailed: 03/14/2005

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Aldo A. Laghi, Clearwater, FL;

Power of Attorney: The patent practitioners associated with Customer Number 21901.

## Domestic Priority data as claimed by applicant

## Foreign Applications

If Required, Foreign Filing License Granted: 03/11/2005

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is US10/711,868

Projected Publication Date: Request for Non-Publication Acknowledged

Non-Publication Request: Yes

Early Publication Request: No

\*\* SMALL ENTITY \*\*

**Title**

Mask seal interface

**Preliminary Class**

128

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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Serial No. 10/711,865 Atty. File No. 48271/2435 Atty. D McDONALD  
 In the Matter of the Application of L A GHI, AGDO A.  
 Client ALPS SOUTH CORP. Date Mailed 1/13/05 Due Date \_\_\_\_\_  
 Via U.S. Express Mail No. \_\_\_\_\_ Via 1ST CLASS MAIL

The following has been received in the  U.S. Patent and Trademark Office;  U.S. Copyright Office;  Secretary of State's Office; on the date stamped hereon:

- Specifications and Claims
  - Drawings \_\_\_\_\_ Sheets (format/informal)
  - Declaration
  - Assignment & Recordation Form JUN 06 2005 Cover Sheet
  - Statement Claiming Small Entity Status
  - Power of Attorney, *REVOCA~~TION~~ OF CORRECTIVE ADDRESS*
  - Letter
  - Check
  - Priority Document
  - Design Patent Application
  - Information Disclosure/PTO 1449
  - Petition
  - Extension of Time - ITU
  - Amendment
  - Amendment after Final Rejection
- Change of Fee Address Form to PTO
  - Issue Fee Transmittal
  - Submission of Issue Fee
  - Submission of Formal Drawings to Draftsman
  - Certificate of Correction
  - Maintenance Fee Transmittal
  - PCT Transmittal Letter
  - PCT Request
  - PCT Fee Calculation Sheet
  - Application
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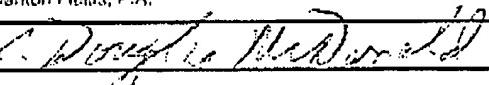
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCEUnder the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.TRANSMITTAL  
FORM

(To be used for all correspondence after initial filing)	Application Number	10/711,868
	Filing Date	10/11/2004
	First Named Inventor	Laghi, Aldo A.
	Art Unit	3743
	Examiner Name	Not assigned
Total Number of Pages in This Submission	Attorney Docket Number	48771/24135

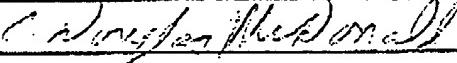
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Express Abandonment Request		
<input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Carlton Fields, P.A.		
Signature			
Printed name	C. Douglas McDonald		
Date	06/03/05	Reg. No.	26,659

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Typed or printed name	C. Douglas McDonald	Date	06/03/05

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REVOCATION OF POWER OF  
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Application Number	10/711,868
Filing Date	10/11/2004
First Named Inventor	Laghi, Aldo A.
Art Unit	3743
Examiner Name	Not assigned
Attorney Docket Number	48771/24135

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 24108

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Carlton Fields, P.A.
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Address	P. O. Box 3239
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City	Tampa	State	FL	Zip	33601-3239
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Country	USA
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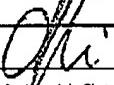
Telephone	(813) 223-7000	Email	
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	
-----------	---

Name	Aldo A. Laghi, President of Alps South Corporation (Assignee)
------	---

Date	5/26/05	Telephone	(727) 528-8566
------	---------	-----------	----------------

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

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